

UNITED STATES DISTRICT COURT  
DISTRICT OF OREGON

Civil Case No. 3:18-cv-00332-YY

LAURA SNYDER

Plaintiff(s),

v.

APPLICATION FOR SPECIAL  
ADMISSION – *PRO HAC VICE*

KAISER FOUNDATION HOSPITALS, et al.

Defendant(s).

Attorney Laura B. Lawson requests special admission *pro hac vice* in the above-captioned case.

**Certification of Attorney Seeking *Pro Hac Vice* Admission:** I have read and understand the requirements of LR 83-3, and certify that the following information is correct:

(1) PERSONAL DATA:

Name: <u>Lawson</u>	<small>(Last Name)</small>	<u>Laura</u>	<small>(First Name)</small>	<u>B.</u>	<small>(Middle Initial)</small>	<u></u>	<small>(Suffix)</small>
Firm or Business Affiliation: <u>Shook, Hardy &amp; Bacon L.L.P.</u>							
Mailing Address:	<u>2555 Grand Boulevard</u>						
City: <u>Kansas City</u>	State: <u>MO</u>	Zip: <u>64108</u>					
Phone Number: <u>(816) 474-6550</u>	Fax Number: <u>(816) 421-5547</u>						
Business E-mail Address: <u>llawson@shb.com</u>							

**(2) BAR ADMISSIONS INFORMATION:**

- (a) State bar admission(s), date(s) of admission, and bar ID number(s):

State of Missouri, 2001, 51401

State of Kansas, 1995, 17150

- (b) Other federal court admission(s), date(s) of admission, and bar ID number(s):

USDC Western District of Missouri, 2001, 51401

USDC Eastern District of Missouri, 2014, 5140MO

USDC Western District of Oklahoma, 2010, 10-183

**(3) CERTIFICATION OF DISCIPLINARY ACTIONS:**

- (a)  I am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association; or

- (b)  I am now or have been subject to disciplinary action from a state or federal bar association. (See attached letter of explanation.)

**(4) CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:**

Per LR 83-3(a)(3), I have professional liability insurance, or financial responsibility equivalent to liability insurance, that meets the insurance requirements of the Oregon State Bar for attorneys practicing in this District, and that will apply and remain in force for the duration of the case, including any appeal proceedings.

**(5) REPRESENTATION STATEMENT:**

I am representing the following party(s) in this case:

Defendants Medtronic USA, Inc., Covidien Holding, Inc., and Covidien Sales, LLC

**(6) CM/ECF REGISTRATION:**

Concurrent with approval of this *pro hac vice* application, I acknowledge that I will become a registered user of the Court's Case Management/Electronic Case File system. (See the Court's website at [ord.uscourts.gov](http://ord.uscourts.gov)), and I consent to electronic service pursuant to Fed. R. Civ. P 5(b)(2)(E) and the Local Rules of the District of Oregon.

DATED this 26 day of February, 2018

  
(Signature of Pro Hac Counsel)

Laura B. Lawson

(Typed Name)

**REQUIREMENT TO ASSOCIATE WITH LOCAL COUNSEL:**

LR 83-3(a)(1) requires you to associate with local counsel unless are requesting waiver of the requirement under LR 45-1. To associate with local counsel, obtain the signature of local counsel in the following section. To request waiver of the requirement to associate with local counsel under LR 45-1, check the following box.

- I seek admission for the limited purpose of filing a motion related to a subpoena that this Court did not issue. Pursuant to LR 45-1(b), I request waiver of the requirement of LR 83-3(a)(1) to associate with local counsel and therefore do not include a certification from local counsel below.

**CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:**

I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in this particular case.

DATED this 28 day of February, 2018

Lauren Blaesing  
(Signature of Local Counsel)

Name: <u>Blaesing</u> <small>(Last Name)</small>	<u>Lauren</u> <small>(First Name)</small>	<u>F.</u> <small>(MI)</small>	<u></u> <small>(Suffix)</small>
Oregon State Bar Number: <u>113305</u>			
Firm or Business Affiliation: <u>Markowitz Herbold PC</u>			
Mailing Address: <u>1211 SW Fifth Avenue, Suite 3000</u>			
City: <u>Portland</u>	State: <u>OR</u>	Zip: <u>97204</u>	
Phone Number: <u>(503) 295-3085</u>	Business E-mail Address: <u>LaurenBlaesing@MarkowitzHerbold.com</u>		

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**COURT ACTION**

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- Application approved subject to payment of fees.  
 Application denied.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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Judge